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ABSTRACT

Two plans for implementing the clinical based dimension of a competency-based teacher education program are described, weighing some of the advantages and disadvantages, constraints and limitations of each plan. The first design involves a ten week instructional period in which students are required to spend two hours per week in a field site classroom for each professional education course in which they are enrolled. The other hours of the week are spent in formal instruction on campus. In the second design, the students meet on campus with a course instructor and then carry out assignments on an individual basis under the coordination and supervision of their course instructor at a field site. The author outlines in detail the methods of implementing each program and discusses the strengths and weakness of each. In an overall conclusion the author states that both designs described seem to offer a measure of promise. The interaction of teacher trainees and instructors with public school personnel appears to make the clinical based component of teacher education successful and rewarding. (JD)

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CLINICAL EXPERIENCE IN TEACHER EDUCATION:

PART PANACEA - PART ILLUSION

by

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Introduction

Due largely to the work of individual teacher educators, and professional teacher education associations, dominant changes in the education of teachers have occured over the past decade. An essential dimension of this change is clinical experience. Teacher educators, unsatisfied with the status quo, have developed and implemented ideas about clinical experiences which assist teacher education students to gain valuable knowledge and teaching skill through controlled teaching experiences with students in elementary and secondary schools during each phase of their professional undergraduate education. Are these experiences a panacea? An illusion? A little of both? The central purpose of this writing is to consider some of the more important dimensions of these questions.

Overview

Interest in improving teacher education has often been formost in the minds and work of teacher educators. More recently, many have begun to support recommendations calling for the develop-

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ment of precise teacher competencies.

One framework for the development of teacher competency is represented by the following statement:

> The development of teacher competencies should result from the total program of the teacher training institution. The demonstration of competence, rather than the passing of a course, should be deciding factor in certification. This means that proficiency tests, practical application of historical, theoretical, and stylistic techniques, and advanced standing procedures should be enforced; and that an adequate means of final assessment should be developed and implemented.(Klotman, 1972)

The preparation of pre-service teachers who possess identifiable measurable competencies based upon their needs, the needs of society, and those of public education is thought by many to be central to the improvement of many teacher education programs. Clinical experience has become one of the essential components of many such competency-based programs. For a teacher education program to be clinical-based it is generally agreed that a majority of the student's instructional time must be spent in the "real world" of elementary or secondary schools. Two plans for implementing the clinical based dimension of a teacher education program are described, weighing some of the advantages and disadvantages, constraints and limitations of each plan based upon the perceptions and research of the author.

PART PANACEA

The Clinical-based program in teacher education usually includes three elements:

1. An opportunity for the education student to apply the

theory learned on campus in school situations.

2. An opportunity for school practitioners, including principals, teachers, coordinators and supervisors, to have a viable input into decisions about the teacher education program.

3. An opportunity for college professors to be involved directly with the real world of public schools.

Plan A

The first design involves a ten week instructional period in which the student completes field experiences according to the following schedule:

Week		Week	
1	Campus - 3 days	7	Campus - 2 days
2	Campus - 3 days		Field - 1 day
3	Campus - 3 days	8	Field - 3 days
4	Campus - 3 days	9	Campus - 1 day
5	Campus - 2 days		Field - 2 days
	Field - 1 day	10	Campus - 2 days
6	Campus - 2 days		Field - 1 day
	Field - 1 day		

Students are required to spend two hours per week in a field site classroom for each professional education course in which they are enrolled. All professional education courses require field experience. Since not all assigned tasks demand two hours, the student provides aid to the teacher for a portion of time in the school. This is considered a part of the renumeration to classroom teachers for their part in the teacher education program. In addition, the university provides a course in supervision of clinical experiences for cooperating teachers.

According to this design, the student is on campus for the first four weeks of a ten week instructional period. This permits the college instructor to assist the student to gain an orientation to that portion of the education curriculum under study. During the next three weeks field experience at the school site occurs one day per week. The purpose of this time is primarily for field site observation and orientation. Weeks eight and nine provide time for teaching in the school site. The development of teaching skill becomes the focal point. Week ten provides summary time for the pre-service teacher, directing teacher, and the course instructor.

Course instructors are assigned to school sites. Their role as a university site representative is usually as follows:

1. Visit each site school informing the principal (contact person) when the students (number, major, day, hours, etc.) will be arriving.
   Try to arrange a joint meeting with all of those involved for the first field day.
2. Telephone each student assigned to the site school to inform them of: time of meeting with principal and you; bring along a list of field experience tasks: appropriate dress, etc.
3. First Field Day - Attend the joint meeting with principal (contact person). Explain the role of the site director to the group.
4. Second Field Day - Make a visit to each site school to check in with principal and teachers involved. Clear

up any problems.

5. Make one visit during the middle of the field experience.
6. Final Field Site Visit - Check with each teacher in program to assist with final evaluation forms to be submitted to the Office of Student Field Experience. Present each participating teacher with the waiver of tuition form for a university course in supervision.

Some advantages of the plan include:

1. Early exposure is well recieved by students, teachers, and administrators leading to stronger university/ public school cooperation.
2. The design is useful in generating in-service needs of the school and recruitment efforts for graduate programs.
3. Pre-service teachers are able to complete assignments with students.

A few disadvantages are:

1. Placement of the entire teacher education student population is difficult.
2. Controlling the adequateness of modeling behavior on the part of school personnel is difficult.
3. Quality control in general is difficult to maintain: It is particularly difficult to gain adequate supervision of pre-service teacher trainees.

Plan B

In the second design the students meet on campus with a course instructor and then carry out assignments on an individual basis under the coordination and supervision of their course instructor at a field site. The course instructor is assigned to the same field site school as each member of his/her course according to the following schedule:

Week	Location
1	Campus - 3 days
2	Campus - 3 days
3	Campus - 3 days
4	Campus - 3 days
5	Campus - 1 day Field - 2 days
6-10	Field - 2 days

The on-campus component includes the development of the teacher trainee's abilities to understand the content of the methods courses. The second stage of the component, involved the development of the trainee's skills of observation and analysis of filmed music teaching and learning events. Included in this step is the development of skills in analyzing and diagnosing appropriate instructional goals, objectives, strategies and materials for the events observed. This is followed by skill in developing lesson planning and doing simulation teaching.

The newly acquired understanding and skill is next applied in actual observation and teaching situations at the field site. First, the trainees apply their skills of observation by viewing the course instructor, resource specialist, classroom teacher, and children in several integrated teaching-learning situations. Some amount of analysis and discussion follows each

experience. Secondly, the trainees are given opportunities to progressively develop their teaching skills. In each instance the trainees are encouraged to receive informal and formal feedback from instructors, resource specialists, and teachers as well as collect informal and formal data on the children to whom they are assigned.

This arrangement provides several advantages for the student. First, students can receive informal or formal assistance at the field site from their course instructor regarding specific problems encountered. Secondly, the instructor can serve as a "clinical professor" as he/she instructs children and pre-service teachers by demonstrating various strategies, techniques, and materials. Also, this plan provides an environment in which the clinical professor knows each person with whom he works, including university students, public school students and teachers. Often as a result of joint work with the school personnel, the university the clinical professor is in a good position to facilitate closer working relations with the two. Such work frequently leads to in-service workshops conducted by clinical professors. The cooperative relationship helps build source credibility with classroom teachers.

In this setting, media such as audio-taping and video-taping, are employed to provide critically needed feedback about teaching performance.

Several Advantages include:

1. The media can be used in endlessly creative ways to explore and examine teaching.

2. Media can be used to check the pacing of lessons as well as checking for other important elements such as set induction and closure.
3. Media can be used to observe and analyze a variety of teaching-learning environments such as individualized instruction and small group instruction.

PART ILLUSION

Several dimensions of such a clinical based teacher education program can be improved. There are at least three problem areas worth discussing. First, the manner in which teacher trainees effect the knowledge, skills and attitudes of the public school students with whom they come in contact is unclear. To what degree should they systematically plan, teach and evaluate the achievement of the students at the field site? Should trainees be taught to systematically integrate their newly acquired knowledge and skill with the ongoing instructional efforts of the classroom teacher?

Secondly, while the two designs enable trainees to receive observation and teaching experience in public school settings, their classroom work is often unsupervised. It may be possible for the classroom teacher to be more involved in this process. Frequently this is accomplished by the university offering a special course dealing with supervision for a reduced fee. Thirdly, it is often felt that insufficient modeling behaviors are presented by cooperating teachers when students are involved in the observation stage of learning. It is therefore important

that more use be made of classroom teachers serving as clinical professors in the field. An alternative to this procedure is more use of films and videotapes of correct and incorrect models of the teaching-learning process.

Finally, there are numerous constraints of each design related to the students, the public schools, the university and the faculty:

A. Constraints to university students.

1. Student time for field based programs.
2. Part time students taking night classes, etc.
3. Student orientation to the program.
4. Students enrolled in other programs other than elementary and secondary education, e.g., vocational technical, health and physical education.
5. The energy crisis.

B. Constraints related to public schools.

1. School willingness to cluster students.
2. School involvement in selecting activities.
3. The effect on public school students and parents.
4. The identification of positive models.
5. The primary emphasis in the public school being on educating children rather than educating teachers.

C. Constraints related to the university.

1. Student FTE factor.
2. Quality standards and evaluation of product.
3. Support services.
4. Conflict with courses taught on campus in support of the program, such as courses offered in other colleges of the university.

D. Constraints related to the university faculty.

1. Faculty time to develop needed materials.
2. Faculty time to work with schools.
3. The energy crisis.
4. Faculty load factor.
5. Faculty concept of total program.
6. Management of individualized programs.
7. Faculty know-how, desire and commitment to work with public schools.

While no effort to improve the quality of teacher education is without its limitations, the two designs described seem to offer a measure of promise. The interaction of teacher trainees and instructors with public school personnel appears to make the clinical based component of teacher education more a panacea than than an illusion.

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